

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	GD		2-28
O.I.P.E. CLASSIFIER	MM		3/1/98
FORMALITY REVIEW	N/T	66548	3/12/98

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date		
Final	5/10/94	1/7/95	
Original	5/10/94	1/7/95	
1	6/01/94	1/13/95	
2	6/01/94	1/20/95	
3	6/01/94	1/20/95	
4	6/01/94	1/20/95	
5	6/01/94	1/20/95	
6	6/01/94	1/20/95	
7	6/01/94	1/20/95	
8	6/01/94	1/20/95	
9	6/01/94	1/20/95	
10	6/01/94	1/20/95	
11	6/01/94	1/20/95	
12	6/01/94	1/20/95	
13	6/01/94	1/20/95	
14	6/01/94	1/20/95	
15	6/01/94	1/20/95	
16	6/01/94	1/20/95	
17	6/01/94	1/20/95	
18	6/01/94	1/20/95	
19	6/01/94	1/20/95	✓ ✓ ✓ ✓ ✓
20	6/01/94	1/20/95	
21	6/01/94	1/20/95	
22	6/01/94	1/20/95	
23	6/01/94	1/20/95	
24	6/01/94	1/20/95	
25	6/01/94	1/20/95	= =
26	6/01/94	1/20/95	✓ ✓
27	6/01/94	1/20/95	
28	6/01/94	1/20/95	
29	6/01/94	1/20/95	
30	6/01/94	1/20/95	
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32	6/01/94	1/20/95	
33	6/01/94	1/20/95	
34	6/01/94	1/20/95	
35	6/01/94	1/20/95	J J
36	6/01/94	1/20/95	
37	6/01/94	1/20/95	= =
38	6/01/94	1/20/95	
39	6/01/94	1/20/95	
40	6/01/94	1/20/95	
41	6/01/94	1/20/95	
42	6/01/94	1/20/95	
43	6/01/94	1/20/95	
44	6/01/94	1/20/95	
45	6/01/94	1/20/95	
46	6/01/94	1/20/95	
47	6/01/94	1/20/95	
48	6/01/94	1/20/95	
49	6/01/94	1/20/95	
50	6/01/94	1/20/95	

If more than 150 claims or 10 actions
staple additional sheet here

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Claim	Date		
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